



## Electronic Recording Delivery System Application for System Certification

TYPE OR PRINT (IN INK) ALL INFORMATION  
REQUESTED ON THE APPLICATION FORM.  
SIGNATURE MUST BE ORIGINAL.

### TYPE OF APPLICATION

(CHECK ALL THE BOXES THAT APPLY)

**SINGLE-COUNTY** ☐ **MULTI-COUNTY** ☐ (REQUIRES THE COMPLETION OF AN ERDS 0001B FORM)

**TYPE 1** ☐ **TYPE 2** ☐ **TYPE 1 AND 2** ☐

**RETURN FUNCTION VIA AN ERDS** ☐ **YES** ☐ **NO**

### SECTION A (COUNTY RECORDER or LEAD COUNTY RECORDER)

COUNTY		COUNTY RECORDER NAME		
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE ( )	FAX ( )	E-MAIL		
CONTACT NAME (if any)				
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE ( )	FAX ( )	E-MAIL		

### SECTION B (APPLICATION CHECK LIST)

The following documentation shall be submitted in conjunction with the submission of this application.

CHECK THE BOX IF A COPY IS ATTACHED:	
<input type="checkbox"/>	COUNTY RESOLUTION
<input type="checkbox"/>	LETTER OF DEPOSIT
<input type="checkbox"/>	VENDOR OF ERDS SOFTWARE CONTRACT (if any). IF INTERNAL COUNTY RESOURCES OR ANOTHER PUBLIC ENTITY ARE BEING USED TO DEVELOP AN ERDS, IN LIEU OF A VENDOR, IT SHALL BE NOTED IN THE COUNTY'S RESOLUTION
<input type="checkbox"/>	COMPUTER SECURITY AUDITOR CONTRACT
<input type="checkbox"/>	SUCCESSFUL INITIAL SYSTEM AUDIT REPORT
<input type="checkbox"/>	PROOF OF FINGERPRINT SUBMISSION, FOR INDIVIDUALS DESIGNATED A SECURE ACCESS ROLE
<input type="checkbox"/>	A LIST OF ALL USERS WITH SECURE ACCESS AND/OR AUTHORIZED ACCESS
<input type="checkbox"/>	STATEMENT OF UNDERSTANDING (ERDS 0011)
<input type="checkbox"/>	SUB-COUNTY APPLICATION (ERDS 0001B) AND REQUIRED DOCUMENTATION, IF APPLYING FOR A MULTI-COUNTY ERDS CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that all the information contained herein is true and correct.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Application Submission

The information on this application and all required documentation becomes the property of the Department of Justice and will be used by authorized personnel.

Mail to: State of California  
Department of Justice  
CJIS Operations Support Bureau  
Electronic Recording Delivery System Program  
P.O. Box 160526  
Sacramento, CA 95816-0526

DOJ USE ONLY	
Cert #	_____
Date rec'd	_____
Response date	_____
Analyst	_____
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Tracking #	_____
HDC date	_____
Rev. by	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied